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PTO/SB/05 (03/01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket Number SHPR-01361USE	
		Inventor Shek Fai Lau et al.	
		Title Ion Emitting Air-Conditioning Devices with Electrode Cleaning Features	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	EV 327 622 231 US

APPLICATION ELEMENTS See MPEP Chapter 600 concerning Utility Patent Application Contents	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17) (in duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status (See 37 CFR 1.27) 3. <input checked="" type="checkbox"/> Specification Total Pages <u>33</u> (preferred arrangement set forth below) ■ Descriptive Title of the invention ■ Cross Reference to Related Applications ■ Statement Regarding Fed Sponsored R & D ■ Reference to Sequence Listing, a table or computer program listing Appendix ■ Background of the Invention ■ Brief Summary of the Invention ■ Brief Description of the Drawing(s) (if filed) ■ Detailed Description ■ Claim(s) <u>33</u> ■ Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <u>14</u> 5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <u>2</u> a. <input type="checkbox"/> Newly Executed b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 <u>4</u> Total Pages	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ACCOMPANYING APPLICATION PARTS </div> 9. <input type="checkbox"/> Assignment Papers (Cover Sheet & Document(s)) Total Pages 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement <u>0</u> IDS ((IDS)/PTO-1449) <u>9</u> Total Pages Citations 13. <input type="checkbox"/> Preliminary Amendment Total Pages 14. <input checked="" type="checkbox"/> Return Postcard, specifically itemized (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other
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18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 10 / 642,927

Prior application information: Examiner: Unknown Group/Art Unit: Unknown

For Continuation or Divisional Apps only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number 23910 or ☐ Correspondence Address below

NAME	Fliesler Dubb Meyer & Lovejoy LLP		
ADDRESS	Four Embarcadero Center, Fourth Floor		
CITY	San Francisco	STATE	CA
		ZIP CODE	94111
COUNTRY	USA	TELEPHONE	415/362-3800
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Name (Print/Type)	Jeffrey R. Kurin	Registration No. (Attorney/Agent)	41,132
Signature		Date	September 12, 2003

22389 ILS PTO

10/661988



17712 U.S. PTO
09/12/03

PTO/SB/17 (10/02) (modified)
Approved for use through 04/30/2003, OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

2003

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 1,572.00)**

Complete if Known

Application Number	Division of 10/642,927
Filing Date	September 12, 2003
Inventor	Shek Fai Lau et al.
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	SHPR-01361USE

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 06-1325
Deposit Account Name: Fliesler Dubb Meyer & Lovejoy

2. ☒ Payment Enclosed:
[X] Check [] Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="checkbox"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1812/\$2,520	1812/\$2,520	For filing a request for reexamination	<input type="checkbox"/>
1251/\$110	2251/\$55	Extension for response within first month [†]	<input type="checkbox"/>
1252/\$410	2252/\$205	Extension for response within second month [†]	<input type="checkbox"/>
1253/\$930	2253/\$465	Extension for response within third month [†]	<input type="checkbox"/>
1254/\$1,450	2254/\$725	Extension for response within fourth month [†]	<input type="checkbox"/>
1255/\$1,970	2255/\$985	Extension for response within fifth month [†]	<input type="checkbox"/>
1401/\$320	2401/\$160	Notice of Appeal	<input type="checkbox"/>
1453/\$1,300	2453/\$650	Petition to revive unintentionally abandoned application	<input type="checkbox"/>
1501/\$1,300	2501/\$650	Utility Issue Fee (Or Reissue)	<input type="checkbox"/>
1502/\$470	2502/\$235	Design Issue Fee	<input type="checkbox"/>
1460/\$130	1460/\$130	Petitions to the Commissioner	<input type="checkbox"/>
1814/\$110	2814/\$55	Statutory Disclaimer	<input type="checkbox"/>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<input type="checkbox"/>
8021/\$40	8021/\$40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
1809/\$750	2809/\$375	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="checkbox"/>
1801/\$750	2801/\$375	Request for Continued Examination (RCE)	<input type="checkbox"/>
Other fee (specify):		<input type="checkbox"/>	<input type="checkbox"/>
Other fee (specify):		<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL (3)			(\$ 0)

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1001/\$750	2001/\$375	Utility Filing	750
1002/\$330	2002/\$165	Design Filing	<input type="checkbox"/>
1004/\$750	2004/\$375	Reissue	<input type="checkbox"/>
1005/\$160	2005/\$80	Provisional Filing	<input type="checkbox"/>
SUBTOTAL (1)			(\$ 750)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$18	2202/\$9	Claims in excess of 20
1201/\$84	2201/\$42	Independent claims in excess of 3
1203/\$280	2203/\$140	Multiple dependent claim
1204/\$84	2204/\$42	Reissue independent claims over original patent
1205/\$18	2205/\$9	Reissue claims in excess of 20 and over original patent

For	(Col. 1) No. of Existing Claims	(Col. 2) Highest No. Previously Paid For	(Col. 3) Extra**	Fee	Fee Due
TOTAL	33	20 or	13	x 18	= 234
INDEP	10	3 or	7	x 84	= 588
[] First presentation of multiple dependent claim					= 0

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$ 822)**

SUBMITTED BY

Typed or Printed Name **Jeffrey R. Kurin**

Signature

Jeffrey R. Kurin

Complete (if applicable)

Reg. Number **41,132**

Date

September 12, 2003